

STATE OF MICHIGAN
DEPARTMENT OF CIVIL SERVICE

FINAL COMPENSATION BENEFICIARY AFFIDAVIT

INSTRUCTIONS TO THE BENEFICIARY

You have been named as a beneficiary of an employee of this department to receive all or part of their final compensation. Before compensation can be paid, we must verify that you are the person the employee named on the Final Compensation Beneficiary Designation (Form CS-140).

As a designated beneficiary, please complete the affidavit below to affirm that you are the beneficiary or guardian of the beneficiary named on the beneficiary designation form. Return the form to this office, at the address indicated in the shaded area, along with a copy of your social security card. If you are the guardian, complete the information on behalf of the beneficiary, indicate that you are signing as guardian for the beneficiary in the checkbox, and print your name where requested.

If the beneficiary is either a minor or a person with a legally appointed guardian, the guardian must enclose a certified copy of the court order of appointment and proof of identification.

Note: If children are named as the beneficiaries, separate copies of this affidavit are sent to each child. Each surviving child must complete the affidavit and return it along with a copy of their social security card for final compensation to be disbursed.

For Personnel Office Use Only			
Print Name of Deceased Employee	Date CS-140 Completed by Employee	Beneficiary Named	
Deceased Employee's Employing Department		Phone Number of Department	
Address of Employing Department			
Beneficiary's Relationship to the Deceased Employee at the Time of Death	Beneficiary's Birth Date	Beneficiary's Social Security No.	
Current Street Address	City	State	Zip Code
Name of Beneficiary (Please print)		Phone Number of Person Completing This Form	

BENEFICIARY AFFIDAVIT

I certify that all of the information provided on this form is true and correct, under penalty of perjury.

Signature of Beneficiary or Guardian

Date

☐ Check here if you are a guardian signing on behalf of the beneficiary and print your name below.

Guardian's Printed Name (if applicable)